

EXHIBIT YY



560 Thomas L. Berkley Way • Oakland, CA 94612 • 510-251-1250 • Fax 510-763-2680
5480 Ferguson Drive • Los Angeles, CA 90022 • 323-734-8399 • Fax 323-721-3538

April 25, 2006

Via Fax 650-723-2370 & Certified Mail

Ms. Laurie Quintel
Employee/Labor Relations
Stanford Hospitals and Clinics
300 Pasteur Drive, MC 5513
Palo Alto, CA 94305

All Affected Anesthesia Techs
4/26/06

Re: All Affected Anesthesia Techs Grievance

Dear Ms. Quintel:

Enclosed you will find a grievance filed on behalf of SEIU-UHW.

Please call me at 415-503-5740 to set up a mutually acceptable date and time to meet.

Sincerely,

Ella Hereth

Ella Hereth
Union Representative/Organizer

BH/c/Lstanford 04-25-03-06.ps/opeiu 3 aff-cio (12)

GC Exhibit #

7A

www.seiu-uhw.org

Sal Rosselli, President

Jorge Rodriguez, Executive Vice President

Joan Emslie, Secretary-Treasurer



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April 26, 2006

Via Fax 650-723-2370 & Certified Mail

Ms. Laurie Quintel
Employee/Labor Relations
Stanford Hospitals and Clinics
300 Pasteur Drive, MC 5513
Palo Alto, CA 94305

Re: 1. Zenaida Nogue and Beverly Smith Grievance
2. Julio Andrade Grievance

Dear Ms. Quintel:

Enclosed you will find two grievances filed on behalf of SEIU-UHW for our above-mentioned members.

Please call me at 510-773-7102 to set up a mutually acceptable date and time to meet.

Sincerely,

Jocelyn Olick

Jocelyn Olick
Union Representative/Organizer

cc: Zenaida Nuque
Beverly Smith
Susan Dancel
Lydia Trujillo
Bridget White
Julio Andrade

JC/c/Lstanford 04-26-06.ps/opeiu 3 aff-cio (12)

GC Exhibit # 7B

zgo



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May 3, 2006

Via Fax 650-723-2370 & Certified Mail

Ms. Laurie Quintel
Employee/Labor Relations
Stanford Hospitals and Clinics
300 Pasteur Drive, MC 5513
Palo Alto, CA 94305

Re: Raj Sharma Grievance – Unjust Termination

Dear Ms. Quintel:

Enclosed you will find a grievance filed on behalf of SEIU-UHW for our above mentioned member.

Please call me at 415-503-5740 to set up a mutually acceptable date and time to meet.

Sincerely,

Ella Hereth

Ella Hereth
Union Representative/Organizer

cc: Raj Sharma
Jesus Andrade

BH/lr/Losford 05-03-03-02-06.pst/00pct 3 att-cio (12)

GC Exhibit # *7c*

MAY-10-06 12:31 FROM-LOCAL 250 SF

415 563 9814

T-581 P.001/002 F-628

Lg2



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May 10, 2006

Via Fax 650-723-2370 & Certified Mail

RECEIVED MAY 10 2006

Ms. Laurie Quintel
Employee/Labor Relations
Stanford Hospitals and Clinics
300 Pasteur Drive, MC 5513
Palo Alto, CA 94305

Re: Barbara Witherspoon Grievance

Dear Ms. Quintel:

Enclosed you will find a grievance filed on behalf of SEIU-UHW for our above mentioned member.

Please call me at 415-503-5740 to set up a mutually acceptable date and time to meet.

Sincerely,

Ella Hereth

Ella Hereth
Union Representative/Organizer

cc: Barbara Witherspoon
Robert Valenzuela

ENR/L3166 05-10-06.mf0p0ciu 3 of 10 (12)

GC Exhibit # 71



SEIU GRIEVANCE FORM

Instructions: This form is to be used by an individual SEIU employee, a group of SEIU employees, and the Union to file a formal grievance for an alleged violation of a specific provision in the Agreement with SEIU. Please attach additional sheets to the form if needed.

RECEIVED MAY 10 2006

Grievant's Name: Barbara Witherspoon

Home Address: 1377 12th St., Oakland, CA 94607

Home Phone: 510-238-8494

Work Phone: _____

Ext. _____

Employer Stanford Hospital

Department: Nurse Float Pool

Job Classification: Unit Secretary

Dept. Mgr.: Geoffrey A Pridham

Immediate Supervisor: Geoffrey A. Pridham

STATEMENT OF GRIEVANCE: Please describe what was the action you believe to be improper and describe specifically, what took place, how it happened, who was involved (please attach additional written documentation if needed): Ms. Witherspoon is placed at the wrong step on the wage scale. When she returned to a Unit Secretary position in 2005, she was not appropriately credited for her years of service.

1. PLEASE DESCRIBE THE SPECIFIC ARTICLE(S) & SECTION(S) OF THE AGREEMENT WITH SEIU THAT HAS BEEN VIOLATED: Article 5 and the contract as a whole.
2. WHO IS THE GRIEVANCE BROUGHT AGAINST? The Employer
3. WHEN DID THE INCIDENT OCCUR? (date and, if appropriate, time or if ongoing): Ongoing
4. PLEASE DESCRIBE WHAT WAS THE CONSEQUENCE OR ADVERSE EFFECT ON YOU AS A RESULT OF THE IMPROPER ACTION: Employer did not credit Ms. Witherspoon with the appropriate years of service when she returned to a Unit Secretary Position
5. PLEASE DESCRIBE INFORMAL ATTEMPTS MADE BY YOU TO RESOLVE THIS GRIEVANCE AS COVERED BY STEP 1. (Informal Review) OF THE GRIEVANCE AND ARBITRATION PROCEDURE: Barbara raised the concern to Mr. Pridham and he responded on or about May 4th, 2006, by sharing a copy of an email from HR with Ms. Witherspoon.
6. THE REMEDY OR ACTION THAT YOU ARE REQUESTING TO RESOLVE THE GRIEVANCE: Make whole, including but not limited to: Place Ms. Witherspoon on the appropriate step on the wage scale and pay 6 months of back pay.
7. ADDITIONAL COMMENTS:

GRIEVANT: Barbara Witherspoon

STEWARD: Robert Valenzuela

WORKSITE ORGANIZER: Ella Hereth

EMPLOYER SIGNATURE: _____

DATE: 5/9/06

DATE: 5/9/06

DATE: _____

Please send this completed form and any supporting documentation to Employee/Labor Relations (Room HG005), 300 Pasteur Drive, Stanford, CA 94305.

eh/usw/seiu-shw/cw



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May 18, 2006

Via Fax 650-723-2370 & Certified Mail

Ms. Laurie Quintel
Employee/Labor Relations
Stanford Hospitals and Clinics
300 Pasteur Drive, MC 5513
Palo Alto, CA 94305

RECEIVED MAY 23 2006

Re: Veverly Velasco Grievance – Unjust Termination

Dear Ms. Quintel:

Enclosed you will find a grievance filed on behalf of SEIU-UHW for our above mentioned member.

Please call me at 415-503-5740 to set up a mutually acceptable date and time to meet.

Sincerely,

Ella Hereth

Ella Hereth
Union Representative/Organizer

cc: Veverly Velasco
Ed Lucero

BH/1013166 05-18-05-06.psf/opeiu 3 att-cio (12)

GC Exhibit # 74



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5480 Ferguson Drive • Los Angeles, CA 90022 • 323-734-8399 • Fax 323-721-3538

May 17, 2006

Via Fax 650-723-2370 & U.S. Mail

Ms. Laurie Quintel
Employee/Labor Relations
Stanford Hospitals and Clinics
300 Pasteur Drive, MC 5513
Palo Alto, CA 94305

RECEIVED MAY 23 2006

Sterile Processing Techs

RE: Grievance – Leon Makashini, Jonathan Raguini, Dawit Getasew, Britukam Haile, Moses Amagu

Dear Ms. Quintel,

Enclosed is a grievance filed on behalf of SEIU-UHW for our above-mentioned members.

Please call me at 510-773-7102 to set up a mutually acceptable date and time to meet.

Sincerely,

Jocelyn Olick/sr

Jocelyn Olick
Union Representative /Organizer

Cc: Grievants: Jonathan Raguini, Leon Makashini, Dawot Getasew, Moses Amogu, and Britukan Haile
File

JC/sr/G3166001.sf2006/opeiu 29 afl-cio (12)

GC Exhibit # 7G
page 1



SEIU GRIEVANCE FORM

Instructions: This form is to be used by an individual SEIU employee, a group of SEIU employees, and the Union to file a formal grievance for an alleged violation of a specific provision in the Agreement with SEIU. Please attach additional sheets to the form if needed.

Grievant's Name: Makashini
Leon Makasin, Jonathan Raguini, Dawit Getasew, Britukam Haile, Moses Amogu

Home Address: n/a

Home Phone: _____ Work Phone: _____ Ext. _____

Employer (County, School District, City, etc): Stanford Hospital and Clinics

Department: Sterile Processing Job Classification: Sterile Processing Techs

Dept. Mgr.: Edward Sandards Immediate Supervisor: Dennis Silva

STATEMENT OF GRIEVANCE: Please describe what was the action you believe to be improper and describe specifically, what took place, how it happened, who was involved (please attach additional written documentation if needed): Employees unjustly forced to take an administrative leave

1. PLEASE DESCRIBE THE SPECIFIC ARTICLE(S) & SECTION(S) OF THE AGREEMENT WITH SEIU THAT HAS BEEN VIOLATED: Just cause and the contract as a whole.

2. WHO IS THE GRIEVANCE BROUGHT AGAINST? The Employer

3. WHEN DID THE INCIDENT OCCUR? (date and, if appropriate, time or if ongoing): On or about May 8, 2006

4. PLEASE DESCRIBE WHAT WAS THE CONSEQUENCE OR ADVERSE EFFECT ON YOU AS A RESULT OF THE IMPROPER ACTION Employees unjustly forced to take an administrative leave

5. PLEASE DESCRIBE INFORMAL ATTEMPTS MADE BY YOU TO RESOLVE THIS GRIEVANCE AS COVERED BY STEP 1. (Informal Review) OF THE GRIEVANCE AND ARBITRATION PROCEDURE: Informal grievance meeting held on Thursday May 11, 2006. Grievance was denied May 16, 2006

6. THE REMEDY OR ACTION THAT YOU ARE REQUESTING TO RESOLVE THE GRIEVANCE: Make whole, including but not limited to: Reinstate employees with back pay.

7. ADDITIONAL COMMENTS:

GRIEVANT: Leon Makasin, Jonathan Raguini, Dawit Getasew, Britukam Haile, Moses Amogu

TEWARD: Mary Garica DATE: 5/17/06

WORKSITE ORGANIZER: Jocelyn Olick DATE: 5/17/06

EMPLOYER SIGNATURE: _____ DATE: _____

Submit this completed form and any supporting documentation to Employee/Labor Relations (Room HG005), 300 Pasteur Drive, Stanford, CA 94305.